



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>6-1</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>2420</b>	License # <b>8503</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>44-1</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>0651</b>	License # <b>8522</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>41-3</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0317</b>	License # <b>C554</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>42-3</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1752</b>	License # <b>8541</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>49-1</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2352</b>	License # <b>8543</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>51-2</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2330</b>	License # <b>8517</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
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October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>35-2</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0204</b>	License # <b>8529</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
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PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
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October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>1-4</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>16</b>
Vehicle I.D. # <b>8409</b>	License # <b>8551</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>15-3</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4850</b>	License # <b>8511</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>52-2</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4689</b>	License # <b>8546</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>15-1</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4850</b>	License # <b>8511</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>30-1</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0704</b>	License # <b>D834</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>34-1</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2056</b>	License # <b>3067</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
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School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>37-1</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1080</b>	License # <b>8531</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>42-1</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1752</b>	License # <b>8541</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>37-1a</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7328</b>	License # <b>6129</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>52-2a</b>	Length of Route (miles per day) <b>13</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7339</b>	License # <b>6131</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
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PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>6-2</b>	Length of Route (miles per day) <b>14</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>2420</b>	License # <b>8503</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>14-2</b>	Length of Route (miles per day) <b>14</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>5596</b>	License # <b>8506</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
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School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>16-1</b>	Length of Route (miles per day) <b>14</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4678</b>	License # <b>8512</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date





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Linda McCulloch, Superintendent  
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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>41-4</b>	Length of Route (miles per day) <b>14</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0317</b>	License # <b>C554</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>49-2</b>	Length of Route (miles per day) <b>14</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2352</b>	License # <b>8543</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>27-2</b>	Length of Route (miles per day) <b>14</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0213</b>	License # <b>8528</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Helena, MT 59620-2501

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for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>8-2</b>	Length of Route (miles per day) <b>15</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>16</b>
Vehicle I.D. # <b>4872</b>	License # <b>1677</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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Date

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Date



Office of Public Instruction  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>14-3</b>	Length of Route (miles per day) <b>15</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>5596</b>	License # <b>8506</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date



Office of Public Instruction  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>31-2</b>	Length of Route (miles per day) <b>15</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1787</b>	License # <b>8526</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
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School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>41-1</b>	Length of Route (miles per day) <b>15</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0317</b>	License # <b>C554</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>36-1</b>	Length of Route (miles per day) <b>15</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1741</b>	License # <b>8515</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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Combined School District Application  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>2-5</b>	Length of Route (miles per day) <b>16</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>20</b>
Vehicle I.D. # <b>8053</b>	License # <b>8501</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>13-3</b>	Length of Route (miles per day) <b>16</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4879</b>	License # <b>8509</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>15-2</b>	Length of Route (miles per day) <b>16</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4850</b>	License # <b>8511</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date



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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>16-2</b>	Length of Route (miles per day) <b>16</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4678</b>	License # <b>8512</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date





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Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>15-4</b>	Length of Route (miles per day) <b>16</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4850</b>	License # <b>8511</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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Date



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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>46-2</b>	Length of Route (miles per day) <b>16</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>1111</b>	License # <b>8540</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Combined School District Application  
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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>7-2</b>	Length of Route (miles per day) <b>17</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>15</b>
Vehicle I.D. # <b>6759</b>	License # <b>8504</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>2-3</b>	Length of Route (miles per day) <b>17</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>20</b>
Vehicle I.D. # <b>8053</b>	License # <b>8501</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>5-3</b>	Length of Route (miles per day) <b>17</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>29</b>
Vehicle I.D. # <b>2666</b>	License # <b>8502</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>8-3</b>	Length of Route (miles per day) <b>17</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>4827</b>	License # <b>1677</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date





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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>31-1</b>	Length of Route (miles per day) <b>17</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1787</b>	License # <b>8526</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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Date

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Date



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School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>10-1</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>14</b>
Vehicle I.D. # <b>7105</b>		License # <b>C553</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>1-3</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>16</b>
Vehicle I.D. # <b>8409</b>	License # <b>8551</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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School Year 2004 - 2005

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>5-1</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>29</b>
Vehicle I.D. # <b>2666</b>	License # <b>8502</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>16-4</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4678</b>	License # <b>8512</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>53-3</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0702</b>	License # <b>D835</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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Date





Office of Public Instruction  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>26-1</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1838</b>	License # <b>3066</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>51-4</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2330</b>	License # <b>8517</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>35-3</b>	Length of Route (miles per day) <b>18</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0204</b>	License # <b>8529</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>1-2</b>	Length of Route (miles per day) <b>19</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>16</b>
Vehicle I.D. # <b>8409</b>	License # <b>8551</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>4-1</b>	Length of Route (miles per day) <b>19</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>24</b>
Vehicle I.D. # <b>6848</b>	License # <b>1070</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>19-2</b>	Length of Route (miles per day) <b>19</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4859</b>	License # <b>8510</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>25-1</b>	Length of Route (miles per day) <b>19</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1489</b>	License # <b>8520</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>52-3</b>	Length of Route (miles per day) <b>20</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4689</b>	License # <b>8546</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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Date

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Helena, MT 59620-2501

Combined School District Application  
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1 copy State Supt.  
1 copy County Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>13-1</b>	Length of Route (miles per day) <b>20</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4879</b>	License # <b>8509</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date



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School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>22-2</b>	Length of Route (miles per day) <b>20</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2891</b>	License # <b>8537</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>25-3</b>	Length of Route (miles per day) <b>20</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1489</b>	License # <b>8520</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Combined School District Application  
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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>37-3</b>	Length of Route (miles per day) <b>20</b>	Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>		Rated Capacity <b>71</b>
Vehicle I.D. # <b>1080</b>	License # <b>8531</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098	0099		
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Additional Wheelchairs (WC)			
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October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>52-3a</b>	Length of Route (miles per day) <b>20</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7339</b>	License # <b>6131</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>37-3a</b>	Length of Route (miles per day) <b>20</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7328</b>	License # <b>6129</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098	0099		
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>6-4</b>	Length of Route (miles per day) <b>21</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>2420</b>	License # <b>8503</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>11-2</b>	Length of Route (miles per day) <b>21</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>5594</b>	License # <b>8507</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>14-1</b>	Length of Route (miles per day) <b>21</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>5596</b>	License # <b>8506</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>44-2</b>	Length of Route (miles per day) <b>21</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>0651</b>	License # <b>8522</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>36-3</b>	Length of Route (miles per day) <b>21</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1741</b>	License # <b>8515</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>36-4</b>	Length of Route (miles per day) <b>21</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1741</b>	License # <b>8515</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>53-1</b>	Length of Route (miles per day) <b>21</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0702</b>	License # <b>D835</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>9-2</b>	Length of Route (miles per day) <b>22</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>14</b>
Vehicle I.D. # <b>3159</b>	License # <b>B742</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>33-5</b>	Length of Route (miles per day) <b>22</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>7031</b>	License # <b>B741</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date



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Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>31-3</b>	Length of Route (miles per day) <b>22</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1787</b>	License # <b>8526</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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Date





Office of Public Instruction  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>45-1</b>	Length of Route (miles per day) <b>22</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0495</b>	License # <b>8539</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>27-1</b>	Length of Route (miles per day) <b>22</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0213</b>	License # <b>8528</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>1-1</b>	Length of Route (miles per day) <b>23</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>16</b>
Vehicle I.D. # <b>8409</b>	License # <b>8551</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>39-2</b>	Length of Route (miles per day) <b>23</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4971</b>	License # <b>8533</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>44-4</b>	Length of Route (miles per day) <b>23</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>0651</b>	License # <b>8522</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Date

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Date



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Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>27-3</b>	Length of Route (miles per day) <b>23</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0213</b>	License # <b>8528</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date





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State Reimbursement  
School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>10-4</b>	Length of Route (miles per day) <b>24</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>14</b>
Vehicle I.D. # <b>7105</b>	License # <b>C553</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date



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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>11-1</b>	Length of Route (miles per day) <b>24</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>5594</b>	License # <b>8507</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Helena, MT 59620-2501

Combined School District Application  
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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>30-2</b>	Length of Route (miles per day) <b>24</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0704</b>	License # <b>D834</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>37-2</b>	Length of Route (miles per day) <b>24</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1080</b>	License # <b>8531</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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All Routes

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October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>37-2a</b>	Length of Route (miles per day) <b>24</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7328</b>	License # <b>6129</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Non-WC IEP Lists Trans as Related Service			
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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>23-1</b>	Length of Route (miles per day) <b>25</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1525</b>	License # <b>8518</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
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Helena, MT 59620-2501

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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>8-5</b>	Length of Route (miles per day) <b>26</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>4827</b>	License # <b>1677</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px 0;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Date

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Date



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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>24-2</b>	Length of Route (miles per day) <b>26</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4682</b>	License # <b>8519</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>43-1</b>	Length of Route (miles per day) <b>26</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1732</b>	License # <b>3065</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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Helena, MT 59620-2501

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1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>45-2</b>	Length of Route (miles per day) <b>26</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0495</b>	License # <b>8539</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>24-2A</b>	Length of Route (miles per day) <b>26</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7308</b>	License # <b>6128</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>4-3</b>	Length of Route (miles per day) <b>27</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>24</b>
Vehicle I.D. # <b>6848</b>	License # <b>1070</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>17-1</b>	Length of Route (miles per day) <b>27</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>6072</b>	License # <b>8513</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>39-1</b>	Length of Route (miles per day) <b>27</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4971</b>	License # <b>8533</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>43-2</b>	Length of Route (miles per day) <b>27</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1732</b>	License # <b>3065</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Date

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Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>35-1</b>	Length of Route (miles per day) <b>27</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0204</b>	License # <b>8529</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>8-1</b>	Length of Route (miles per day) <b>28</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>16</b>
Vehicle I.D. # <b>4872</b>	License # <b>1677</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Date



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Combined School District Application  
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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>14-4</b>	Length of Route (miles per day) <b>28</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>5596</b>	License # <b>8506</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>13-5</b>	Length of Route (miles per day) <b>28</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4879</b>	License # <b>8509</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>9-1</b>	Length of Route (miles per day) <b>29</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>14</b>
Vehicle I.D. # <b>3159</b>	License # <b>B742</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>12-1</b>	Length of Route (miles per day) <b>29</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4760</b>	License # <b>8508</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>24-1</b>	Length of Route (miles per day) <b>29</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4682</b>	License # <b>8519</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

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for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>23-3</b>	Length of Route (miles per day) <b>29</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1525</b>	License # <b>8518</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
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Helena, MT 59620-2501

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School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>38-2</b>	Length of Route (miles per day) <b>29</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2894</b>	License # <b>8538</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date





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Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>48-1</b>	Length of Route (miles per day) <b>29</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1436</b>	License # <b>8542</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>24-1A</b>	Length of Route (miles per day) <b>29</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7308</b>	License # <b>6128</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>19-1a</b>	Length of Route (miles per day) <b>30</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>7292</b>	License # <b>6125</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>19-2a</b>	Length of Route (miles per day) <b>30</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>7292</b>	License # <b>6125</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>19-1</b>	Length of Route (miles per day) <b>30</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4859</b>	License # <b>8510</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>40-1</b>	Length of Route (miles per day) <b>30</b>	Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>		Rated Capacity <b>66</b>
Vehicle I.D. # <b>4964</b>	License # <b>8534</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>28-1</b>	Length of Route (miles per day) <b>30</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1523</b>	License # <b>8523</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>49-4</b>	Length of Route (miles per day) <b>30</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2352</b>	License # <b>8543</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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Date



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State Reimbursement  
School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>2-4</b>	Length of Route (miles per day) <b>3</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>20</b>
Vehicle I.D. # <b>8053</b>	License # <b>8501</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date



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Helena, MT 59620-2501

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State Reimbursement  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-4</b>	Length of Route (miles per day) <b>4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>7377</b>	License # <b>8557</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-4a</b>	Length of Route (miles per day) <b>4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>7291</b>	License # <b>6130</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>16-3</b>	Length of Route (miles per day) <b>4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4678</b>	License # <b>8512</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date





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Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>33-4</b>	Length of Route (miles per day) <b>4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>7031</b>	License # <b>B741</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
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Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>22-4</b>	Length of Route (miles per day) <b>5</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2891</b>	License # <b>8537</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>38-3</b>	Length of Route (miles per day) <b>5</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2894</b>	License # <b>8538</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>51-1</b>	Length of Route (miles per day) <b>5</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2330</b>	License # <b>8517</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Combined School District Application  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>51-3</b>	Length of Route (miles per day) <b>5</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2330</b>	License # <b>8517</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>50-2</b>	Length of Route (miles per day) <b>7</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4632</b>	License # <b>8544</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date





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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>23-2</b>	Length of Route (miles per day) <b>7</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1525</b>	License # <b>8518</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>25-2</b>	Length of Route (miles per day) <b>7</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1489</b>	License # <b>8520</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>33-1</b>	Length of Route (miles per day) <b>7</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>7031</b>	License # <b>B741</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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Combined School District Application  
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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>50-2a</b>	Length of Route (miles per day) <b>7</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7309</b>	License # <b>6133</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
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1 copy School District

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-3</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>7377</b>	License # <b>8557</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-1</b>	Length of Route (miles per day) <b>8</b>	Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>		Rated Capacity <b>10</b>
Vehicle I.D. # <b>7377</b>	License # <b>8557</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>10-3</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>14</b>
Vehicle I.D. # <b>7105</b>	License # <b>C553</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-3a</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>7291</b>	License # <b>6130</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-1a</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>7291</b>	License # <b>6130</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>21-1</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2345</b>	License # <b>8516</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>21-3</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2345</b>	License # <b>8516</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
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Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
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Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
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**To County Supt**  
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**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>22-3</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2891</b>	License # <b>8537</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
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Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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October 1

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\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>34-3</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2056</b>	License # <b>3067</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
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1st Wheelchair (WC)			
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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>36-2</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1741</b>	License # <b>8515</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Helena, MT 59620-2501

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for Registration of School Bus &  
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School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>38-1</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2894</b>	License # <b>8538</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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for Registration of School Bus &  
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School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>41-2</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0317</b>	License # <b>C554</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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Date



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School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>42-2</b>	Length of Route (miles per day) <b>8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1752</b>	License # <b>8541</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>3-3</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>5324</b>	License # <b>8552</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>3-1</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>5324</b>	License # <b>8552</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>2-1</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>20</b>
Vehicle I.D. # <b>8053</b>	License # <b>8501</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Non-WC IEP Lists Trans as Related Service			
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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>8-4</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>4827</b>	License # <b>1677</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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PO Box 202501  
Helena, MT 59620-2501

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State Reimbursement  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>44-3</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>0651</b>	License # <b>8522</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>11-3</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>5594</b>	License # <b>8507</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>33-3</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>7031</b>	License # <b>B741</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>49-3</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2352</b>	License # <b>8543</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>46-1</b>	Length of Route (miles per day) <b>9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>1111</b>	License # <b>8540</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>3-4</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>5324</b>	License # <b>8552</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
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**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>2-2</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>20</b>
Vehicle I.D. # <b>8053</b>	License # <b>8501</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>18-2</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4898</b>	License # <b>8514</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>13-4</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4879</b>	License # <b>8509</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Date

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Date





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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>21-4</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2345</b>	License # <b>8516</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>26-2</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1838</b>	License # <b>3066</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>28-2</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1523</b>	License # <b>8523</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
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Combined School District Application  
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School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>30-3</b>	Length of Route (miles per day) <b>10</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0704</b>	License # <b>D834</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>3-2</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>5324</b>	License # <b>8552</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>5-2</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>29</b>
Vehicle I.D. # <b>2666</b>	License # <b>8502</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Date

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Date





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Helena, MT 59620-2501

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School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>6-3</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>2420</b>	License # <b>8503</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



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Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>13-2</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4879</b>	License # <b>8509</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>50-1</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4632</b>	License # <b>8544</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Helena, MT 59620-2501

Combined School District Application  
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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>21-2</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2345</b>	License # <b>8516</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>22-1</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2891</b>	License # <b>8537</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>33-2</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>7031</b>	License # <b>B741</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
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Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>50-1a</b>	Length of Route (miles per day) <b>11</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7309</b>	License # <b>6133</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-2</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>7377</b>	License # <b>8557</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date



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for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-5</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>10</b>
Vehicle I.D. # <b>7377</b>	License # <b>8557</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0099	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>10-2</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>14</b>
Vehicle I.D. # <b>7105</b>	License # <b>C553</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date



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Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>4-2</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>24</b>
Vehicle I.D. # <b>6848</b>	License # <b>1070</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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School Year 2004 - 2005

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**Due Dates:**  
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**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-2a</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>7291</b>	License # <b>6130</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>00-5a</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>7291</b>	License # <b>6130</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>12-2</b>	Length of Route (miles per day) <b>31</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4760</b>	License # <b>8508</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>28-3</b>	Length of Route (miles per day) <b>31</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1523</b>	License # <b>8523</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>30-4</b>	Length of Route (miles per day) <b>31</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0704</b>	License # <b>D834</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>34-4</b>	Length of Route (miles per day) <b>31</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2056</b>	License # <b>3067</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>47-1</b>	Length of Route (miles per day) <b>31</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0024</b>	License # <b>3064</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>47-2</b>	Length of Route (miles per day) <b>31</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0024</b>	License # <b>3064</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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School Year 2004 - 2005

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>7-1</b>	Length of Route (miles per day) <b>32</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>15</b>
Vehicle I.D. # <b>6759</b>	License # <b>8504</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
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<b>TOTAL ELIGIBLE RIDERS</b>			
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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>34-2</b>	Length of Route (miles per day) <b>32</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2056</b>	License # <b>3067</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Date

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for Registration of School Bus &  
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School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>40-2</b>	Length of Route (miles per day) <b>33</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4964</b>	License # <b>8534</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>26-3</b>	Length of Route (miles per day) <b>33</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1838</b>	License # <b>3066</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>48-2</b>	Length of Route (miles per day) <b>33</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1436</b>	License # <b>8542</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>53-2</b>	Length of Route (miles per day) <b>34</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>0702</b>	License # <b>D835</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>38-4</b>	Length of Route (miles per day) <b>34</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2894</b>	License # <b>8538</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>52-1</b>	Length of Route (miles per day) <b>36</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4689</b>	License # <b>8546</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>50-3</b>	Length of Route (miles per day) <b>36</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4632</b>	License # <b>8544</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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Helena, MT 59620-2501

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>29-1</b>	Length of Route (miles per day) <b>36</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>5309</b>	License # <b>D489</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Date

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>50-3a</b>	Length of Route (miles per day) <b>36</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7309</b>	License # <b>6133</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date





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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>52-1a</b>	Length of Route (miles per day) <b>36</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7339</b>	License # <b>6131</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>46-3</b>	Length of Route (miles per day) <b>36</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>1111</b>	License # <b>8540</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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School Year 2004 - 2005

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>20-1</b>	Length of Route (miles per day) <b>37</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>12</b>
Vehicle I.D. # <b>6622</b>	License # <b>8505</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>20-1a</b>	Length of Route (miles per day) <b>37</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7344</b>	License # <b>6132</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>32-1</b>	Length of Route (miles per day) <b>39</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1812</b>	License # <b>8547</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>32-2</b>	Length of Route (miles per day) <b>39</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>1812</b>	License # <b>8547</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
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PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>18-1</b>	Length of Route (miles per day) <b>40</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4898</b>	License # <b>8514</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>20-2</b>	Length of Route (miles per day) <b>41</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>12</b>
Vehicle I.D. # <b>6622</b>	License # <b>8505</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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for Registration of School Bus &  
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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>20-2a</b>	Length of Route (miles per day) <b>41</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>7344</b>	License # <b>6132</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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School Year 2004 - 2005

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>19-3a</b>	Length of Route (miles per day) <b>42</b>	Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>		Rated Capacity <b>35</b>
Vehicle I.D. # <b>7292</b>	License # <b>6125</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0098			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
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**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>17-2</b>	Length of Route (miles per day) <b>42</b>	Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>		Rated Capacity <b>66</b>
Vehicle I.D. # <b>6072</b>	License # <b>8513</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
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PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>19-3</b>	Length of Route (miles per day) <b>42</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4859</b>	License # <b>8510</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>18-3</b>	Length of Route (miles per day) <b>43</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4898</b>	License # <b>8514</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Big Sky Bus Lines</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0099			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Great Falls Public Schls</b>	Legal Entity Number <b>0098 0099</b>
Route # <b>29-2</b>	Length of Route (miles per day) <b>44</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>5309</b>	License # <b>D489</b>	<input type="checkbox"/> District Owned <b>Contractor Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0098	Legal Entity 0099	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>5</b>	Length of Route (miles per day) <b>40.5</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>20</b>
Vehicle I.D. # <b>1745</b>	License # <b>1651</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>7</b>	Length of Route (miles per day) <b>80.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>18</b>
Vehicle I.D. # <b>8727</b>	License # <b>1737</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>1</b>	Length of Route (miles per day) <b>84</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>1851</b>	License # <b>1902</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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State Reimbursement  
School Year 2004 - 2005**

1 copy State Supt.  
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>1A</b>	Length of Route (miles per day) <b>84</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>1851</b>	License # <b>1902</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date





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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>8</b>	Length of Route (miles per day) <b>93.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>54</b>
Vehicle I.D. # <b>1608</b>	License # <b>1221</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>3</b>	Length of Route (miles per day) <b>94.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>54</b>
Vehicle I.D. # <b>5127</b>	License # <b>1828</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px 0;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

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Date



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1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>2</b>	Length of Route (miles per day) <b>107.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>8428</b>	License # <b>1394</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date



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Helena, MT 59620-2501

Combined School District Application  
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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>2A</b>	Length of Route (miles per day) <b>107.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>59</b>
Vehicle I.D. # <b>9364</b>	License # <b>1526</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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Date

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Date



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School Year 2004 - 2005

1 copy State Supt.  
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>6</b>	Length of Route (miles per day) <b>122.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>3808</b>	License # <b>2076</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Helena, MT 59620-2501

Combined School District Application  
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School Year 2004 - 2005

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>6A</b>	Length of Route (miles per day) <b>122.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>3808</b>	License # <b>2076</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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Date

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Cascade Public Schools</b>	Legal Entity Number <b>0101 0102</b>
Route # <b>4</b>	Length of Route (miles per day) <b>136</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>18</b>
Vehicle I.D. # <b>8726</b>	License # <b>1736</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0101	Legal Entity 0102	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Centerville Public Schls</b>	Legal Entity Number <b>0104 0105</b>
Route # <b>2</b>	Length of Route (miles per day) <b>111.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>3316</b>	License # <b>1593</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0104	Legal Entity 0105	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Centerville Public Schls</b>	Legal Entity Number <b>0104 0105</b>
Route # <b>4</b>	Length of Route (miles per day) <b>84</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>60</b>
Vehicle I.D. # <b>3654</b>	License # <b>566</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0104	Legal Entity 0105	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Centerville Public Schls</b>	Legal Entity Number <b>0104 0105</b>
Route # <b>5</b>	Length of Route (miles per day) <b>106.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>8185</b>	License # <b>2070</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0104	Legal Entity 0105	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Centerville Public Schls</b>	Legal Entity Number <b>0104 0105</b>
Route # <b>3</b>	Length of Route (miles per day) <b>60</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>3915</b>	License # <b>2077</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0104	Legal Entity 0105	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Centerville Public Schls</b>	Legal Entity Number <b>0104 0105</b>
Route # <b>6</b>	Length of Route (miles per day) <b>12</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>40</b>
Vehicle I.D. # <b>2079</b>	License # <b>1145</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0104	Legal Entity 0105	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Centerville Public Schls</b>	Legal Entity Number <b>0104 0105</b>
Route # <b>1</b>	Length of Route (miles per day) <b>30.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>7818</b>	License # <b>1380</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0104	Legal Entity 0105	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Belt Public Schools</b>	Legal Entity Number <b>0112 0113</b>
Route # <b>1 Non</b>	Length of Route (miles per day) <b>66.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Non Bus Mileage</b>	Rated Capacity <b>60</b>
Vehicle I.D. # <b>3618</b>	License # <b>1885</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0112	Legal Entity 0113	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
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State Reimbursement  
School Year 2004 - 2005

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1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Belt Public Schools</b>	Legal Entity Number <b>0112 0113</b>
Route # <b>2</b>	Length of Route (miles per day) <b>70</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>60</b>
Vehicle I.D. # <b>9367</b>	License # <b>1581</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0112	Legal Entity 0113	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Belt Public Schools</b>	Legal Entity Number <b>0112 0113</b>
Route # <b>3</b>	Length of Route (miles per day) <b>70</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>60</b>
Vehicle I.D. # <b>1675</b>	License # <b>1707</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0112	Legal Entity 0113	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Belt Public Schools</b>	Legal Entity Number <b>0112 0113</b>
Route # <b>5</b>	Length of Route (miles per day) <b>81</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>60</b>
Vehicle I.D. # <b>9686</b>	License # <b>735</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0112	Legal Entity 0113	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Belt Public Schools</b>	Legal Entity Number <b>0112 0113</b>
Route # <b>1</b>	Length of Route (miles per day) <b>94.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>60</b>
Vehicle I.D. # <b>3618</b>	License # <b>1885</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0112	Legal Entity 0113	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date





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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Belt Public Schools</b>	Legal Entity Number <b>0112 0113</b>
Route # <b>4</b>	Length of Route (miles per day) <b>96</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>60</b>
Vehicle I.D. # <b>0069</b>	License # <b>1756</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0112	Legal Entity 0113	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Vaughn Elementary</b>	Legal Entity Number <b>0127</b>
Route # <b>2</b>	Length of Route (miles per day) <b>99</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>48</b>
Vehicle I.D. # <b>5306</b>	License # <b>269</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0127	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Signature - Chair, Board of Trustees

Date

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Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Vaughn Elementary</b>	Legal Entity Number <b>0127</b>
Route # <b>1</b>	Length of Route (miles per day) <b>55</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>70</b>
Vehicle I.D. # <b>0082</b>	License # <b>660</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0127	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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All Routes

**To County Supt**  
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October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Ulm Elementary</b>	Legal Entity Number <b>0131</b>
Route # <b>1</b>	Length of Route (miles per day) <b>56.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>3715</b>	License # <b>1580</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0131	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>6</b>	Length of Route (miles per day) <b>62</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>9879</b>	License # <b>1002</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 75.00	% 25.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>2</b>	Length of Route (miles per day) <b>65</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>0782</b>	License # <b>1335</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 40.00	% 60.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>8</b>	Length of Route (miles per day) <b>80</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>8467</b>	License # <b>993</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>6A</b>	Length of Route (miles per day) <b>47</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>9879</b>	License # <b>1002</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1225	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

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State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>1</b>	Length of Route (miles per day) <b>54</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>3497</b>		License # <b>1936</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 15.00	% 85.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>5</b>	Length of Route (miles per day) <b>106</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>7290</b>	License # <b>1590</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date



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School Year 2004 - 2005

1 copy State Supt.  
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>4</b>	Length of Route (miles per day) <b>84</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>1322</b>	License # <b>958</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Date

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Date



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State Reimbursement  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>7</b>	Length of Route (miles per day) <b>94</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>4796</b>	License # <b>1501</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 40.00	% 60.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2004 - 2005

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Cascade</b>		County Number <b>07</b>	District Name <b>Sun River Valley Pub Schls</b>	Legal Entity Number <b>1225 0118</b>
Route # <b>3</b>	Length of Route (miles per day) <b>93</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>8243</b>	License # <b>1643</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0118	Legal Entity 1225	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date